Site Location:  Enter the common name (if known) and situal location of the site site stream of the site o	Notingau	on of Hazardous	vvaste Site	Environmental Protection Agency Washington DC 20460
Person Required to Notify:  Enter the name and address of the person or organization required to notify.  Site Location:  Enter the common name (if known) and actual location of the site    Surget   Su	required by Section 103(c) of the hensive Environmental Response sation, and Liability Act of 1980	Compre- ad tional space, use a Compen- paper, Indicate the le	separate sheets of the item	156186
Site Location:  Enter the common name (if known) and actual location of the site    Dood 722074		Z	1 # 259 1	LS-000-001-280
Size Location:  Enter the common name (if known) and actual location of the site  Inter the common name (if known) and actual location of the site  I Dood 722074  Person to Contact:  Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.  Dates of Waste Handling:  Enter the waste shart you set mate waste treatment, storage, or dispose began and ended at the site.  Waste Type: Choose the option you prefer to complete  Option I: Select general waste types and source categories. If you do not know the general waste types and source categories. If Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.  I Dorganics  I Dimining  I Dorganics  I Dimining  I Dorganics  I Dimining	Person Required to Notify:	Paul	5 4 (5 aug	of and Col
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Dates of Waste Handling:  Enter the years that you est mate waste treatment, storage, or dispose began and ended at the site.  Waste Type: Choose the option you prefer to complete  Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in term i—Description of Site.  Place an X in the appropriate boxes.  Place an X in the appropriate boxes.  Place an X in the appropriate boxes.  I — Organics  I — Mining  I — Organics  I — Mining  I — Organics  I — Mining  I — Porganics  I — Pertitizer  S — Heavy metals  S — Poser /Printing  Place an Y in the appropriate boxes.  S — Poser /Printing  D — With the following the State in which the located.  I — Organics  I — Mining  I — Postriction  I — Organics  I — Mining  I — Organics  I — Mining  I — Organics  I — Mining  I — Restrictes  I — Postriction  I — Organics  I — Mining  I — Constitution  I — Organics  I — Mining  I — Organics  I — Constitution  I — Organics  I — Mining  I — Organics  I — Mining  I — Organics  I — Mining  I — Organics  I — I — I — I — I — I — I — I — I — I		let and Name (Last, First and Title)	Paul Sauget	- Mayor
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1. □ Organics	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable	Source of Waste: Place an 4 in the appropriate	Specific Type of Waste: EPA has assigned a four-constelling the regulations unappropriate four-digit number the fist of hazardous wast contacting the EPA Region	figit number to each hazardous was nder Section 3001 of RCRA. Enter t aber in the boxes provided. A copy of es and codes can be obtained by
3. ★ Solvents  4. ☐ Pesticides  4. ☐ Fertilizer  5. ☒ Heavy metals  5. ☐ Paper/Printing  6. ☐ Acids  7. ☐ Bases  7. ☐ ron/Steel Foundry  8. ☐ PCBs  9. ☐ Mixed Municipal Waste  10. ☐ Unknown  11. ☐ Other (Specify)  12. ☐ Transformers  13. ☐ Utility Companies  14. ☐ Sanitary/Refuse  15. ☐ Photofinish  16. ☐ Lab/Hospitaf  17. ☐ Unknown  18. ☐ Other (Specify)	1. Organics	· _ · _ · _ · _ · _ · _ ·	located.	Ball down and definite left by many on a many
4. Pesticides 4. Pertilizer 5. Heavy metals 5. Paper/Printing 6. Acids 6. Leather Tanning 7. Bases 7. ron/Steel Foundry 8. PCBs 8. Chemical, General 9. Mixed Municipal Waste 9. Plating/Polishing 10. Unknown 10. Military/Ammunition 11. Celectrical Conductors 12. Transformers 13. Utility Companies 14. Sanitary/Refuse 15. Photofinish 16. Cab/Hospital 17. Unknown 18. Other (Specify)				
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12. Transformers  13. Utility Companies  14. Sanitary/Refuse  15. Photofinish  16. Lab/Hospital  17. Unknown  18. Other (Specify)	· ·	-	<del> </del>	
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Place	Waste Quantity:	Facility Type	Total Facility Waste Amount .
	Place an X in the appropriate boxes to indicate the facility types found at the site.	☐ Piles     ☐ Land Treatment	cubic feet
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.	2. 山 Land Treatment 3. M Landfill —	gallons 655,200 G
(vo		4. 🗆 Tanks	Total Facility Area
		5. Impoundment	square feet
	In the "total facility area" space, give the estimated area size which the facilities	<ol> <li>6. ☐ Underground Injection</li> <li>7. ☐ Drums, Above Ground</li> </ol>	acres
	occupy using square feet or acres.	8. St Drums, Below Ground	-C1-03
		9. Other (Specify)	
:	Known, Suspected or Likely Releases	to the Environment:	
	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environmental properties.		☐ Known <sup>[]</sup> Suspected <sup>[]</sup> Likely X Nor
	Note: Items Hand I are optional. Completin hazardous waste sites. Although completing		te and local governments in locating and assessing ouraged to do so.
1	Sketch Map of Site Location: (Option	al)	
	Sketch a map showing streets, highways, routes or other prominent landmarks near		
	the site. Place an X on the map to indicate		
	the site location. Draw an arrow showing the direction north. You may substitute a		
	publishing map showing the site location.		
	•		
	Description of Site: (Optional)		
	Describe the history and present		
	conditions of the site. Give directions to		
	the site and describe any nearby wells, springs, lakes, or housing. Include such		
	information as how waste was disposed and where the waste came from. Provide		
	any other information or comments which		
	may nelp describe the site conditions.		
 J	Signature and Title:		21 / 21 2
•	The person or authorized representative	Name Stand	Jayton (hem. (a) Downer, Presen
	(such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person		Uwner, Presen
		Stroom 10 50 Brentwood	Blud. Transporter
		a Claudan	M Operator, Prese
		City ( ) ay ton Sta	ne M6 Zip Code 63/05 D Operator, Past
			Date 6-8-8/
	required to notifyIf you are not required	Signature	Dete 0 -8-8/